

Fill in this information to identify your case:

Debtor 1 Joseph Robert MillerDebtor 2 Carrie Yvonne Miller
(Spouse, if filing)United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANACase number 16-31689
(If known)

Check if this is:

☐ An amended filing☒ A supplement showing postpetition chapter 13 income as of the following date:11/29/2017
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

☒ Employed
☐ Not employed

Deputy SheriffSt. Joseph County Government227 W. Jefferson Blvd.
South Bend, IN 46601

Debtor 2 or non-filing spouse

☒ Employed
☐ Not employed

CookSt. Joseph County Government227 W. Jefferson Blvd.
South Bend, IN 46601How long employed there? 3 yearsStarts in December

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>3,300.00</u>	\$ <u>1,700.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>3,300.00</u>	\$ <u>1,700.00</u>

Debtor 1 Joseph Robert Miller
Debtor 2 Carrie Yvonne Miller

Case number (if known) 16-31689

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 3,300.00	\$ 1,700.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 485.00	\$ 245.00
5b. Mandatory contributions for retirement plans	5b. \$ 97.50	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 335.40	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: Medical Reimbursement	5h.+ \$ 27.10	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 945.00	\$ 245.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,355.00	\$ 1,455.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: Pro-rated \$12,000 tax refunds	8h.+ \$ 1,000.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,000.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,355.00 + \$ 1,455.00 = \$ 4,810.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 4,810.00	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Combined monthly income

Fill in this information to identify your case:

Debtor 1	Joseph Robert Miller		
	First Name	Middle Name	Last Name
Debtor 2	Carrie Yvonne Miller		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA			
Case number (if known)	16-31689		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

 Attach Bankruptcy Petition Preparer's Notice,
Declaration, and Signature (Official Form 119)

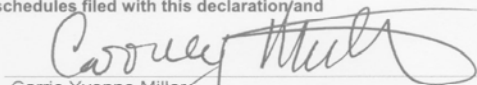
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

 X 
 Joseph Robert Miller
 Signature of Debtor 1

Date

11-29-17

X


 Carrie Yvonne Miller
 Signature of Debtor 2

Date

11-29-17

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy



Statement of Earnings and Deductions				
Employee Name	Employee ID	SSN	Pay Record	Pay Group
Joseph R Miller	07197	XXX-XX-4870	Pay 1	Pay Group 1
Location		Pay Period	Check Date	Direct Deposit
0006 County Jail Admin			11/3/2017	181639
Pay Rate				
1,500.00/Salary				

Current Pay	
Description	Amount
10.000 Normal	1,500.00
0.000 Overtime 006	
0.000 Straight Time 006	
0.000 Half Time 006	
0.000 Holiday Pay 06-2	
0.000 Night Inc. 06-2	

Contributions				
Description	Payee Current	Payee YTD	Employer Current	Employer YTD
Gross Pay	1,500.00	36,987.50		
AllState AE		387.20		
Dental-Employee+Family	92.30	1,015.30		
Health Family Traditional	55.00	1,155.00	903.34	18,970.14
Med Reimbursement	12.50	262.50		
F.I.C.A. - OASDI	83.09	2,118.34	83.09	2,118.34
F.I.C.A. - Medicare	19.43	495.42	19.43	495.42
Fed. Inc. Tax	54.02	1,761.75		
Ind State Tax	43.29	1,103.60		
County Opt Tax	23.45	597.93		
Perf	45.00	1,109.64	168.00	4,142.60
AllState ULife		535.60		
Baltimore Dep 15,000	3.00	63.00		
Baltimore Life 30,000	4.50	94.50		
Group Life 15,000			2.25	47.25
Standing Chapter 13	300.00	6,600.00		
Direct Deposit	764.42	19,687.72		
***** Check Total *****	0.00	0.00		
***** Distributed Net *****	764.42	19,687.72		

Additional Tax Information				
Tax	Filing Status	Exemptions	Additional	Special
Fed. Inc. Tax	Married	Total: 3		
Ind State Tax	Married	Personal: 0 Dependent:		
County Opt Tax		Personal: 0 Dependent:		County: St Joseph, IN

View your pay stub on-line anytime at www.doculivery.com/StJoeCounty
You will need to provide your login ID and your password.